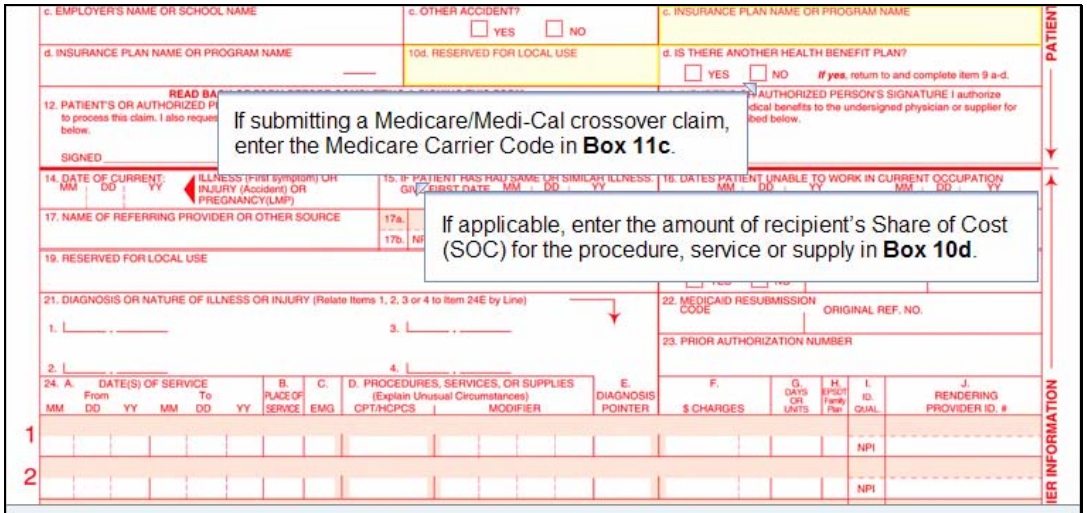
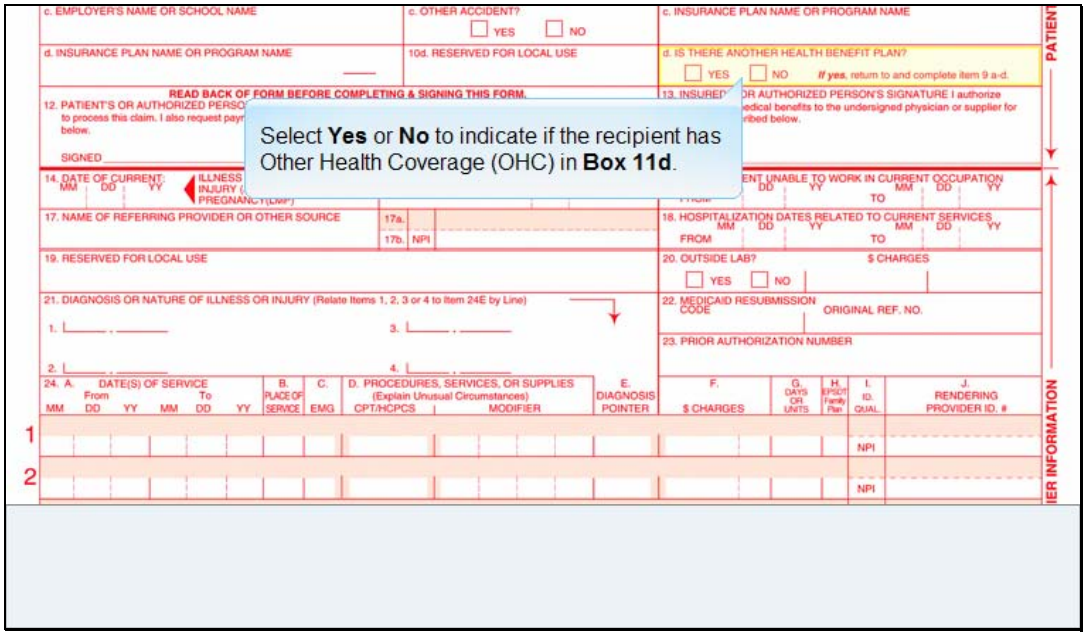


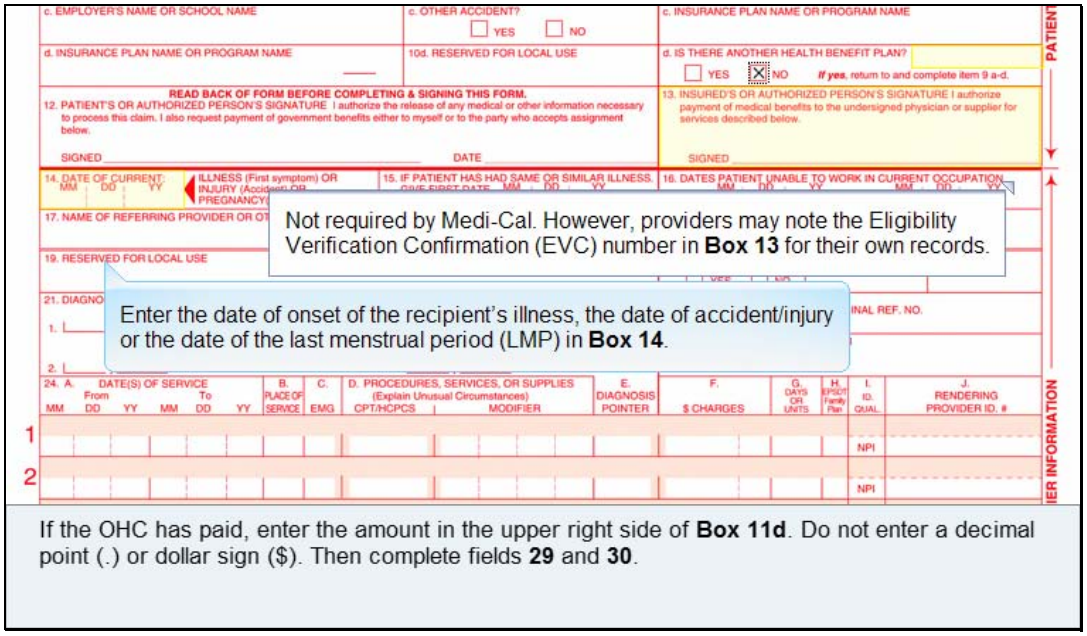
If applicable, enter the amount of recipient's Share of Cost (SOC) for the procedure, service or supply in **Box 10d**.

Note: Do not enter a decimal point (.) or dollar sign ($). Enter full dollar amount and cents even if the amount is even (for example, if billing for $100, enter 10000 not 100).

If submitting a Medicare/Medi-Cal crossover claim, enter the Medicare Carrier Code in **Box 11c**.



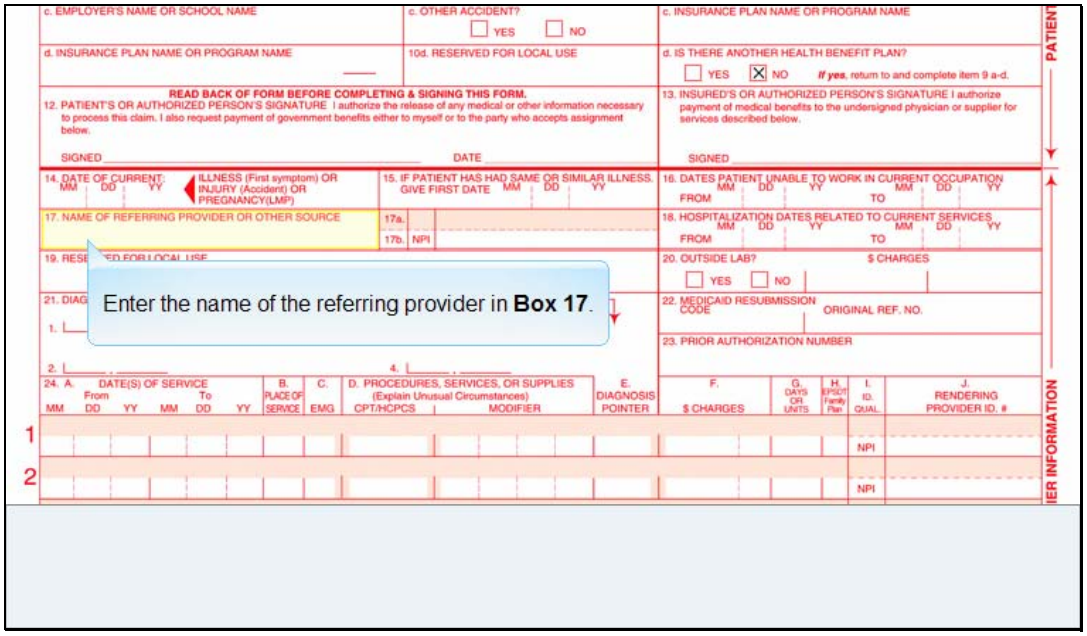
Select **Yes** or **No** to indicate if the recipient has Other Health Coverage (OHC) in **Box 11d**.



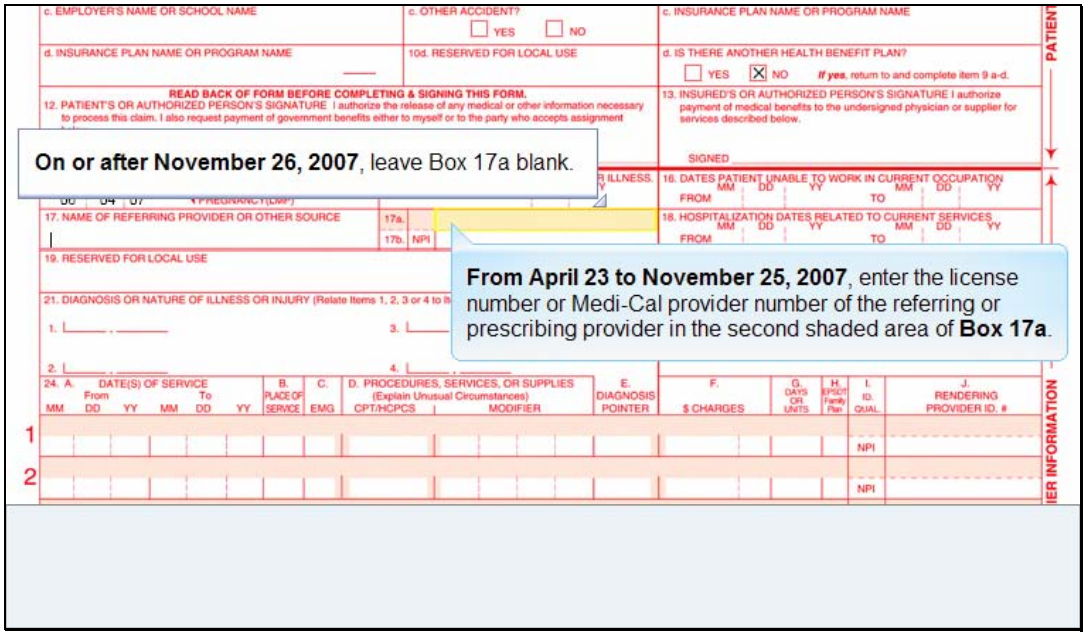
If the OHC has paid, enter the amount in the upper right side of **Box 11d**. Do not enter a decimal point (.) or dollar sign ($). Then complete fields **29** and **30**.

Not required by Medi-Cal. However, providers may note the Eligibility Verification Confirmation (EVC) number in **Box 13** for their own records.

Enter the date of onset of the recipient's illness, the date of accident/injury or the date of the last menstrual period (LMP) in **Box 14**.

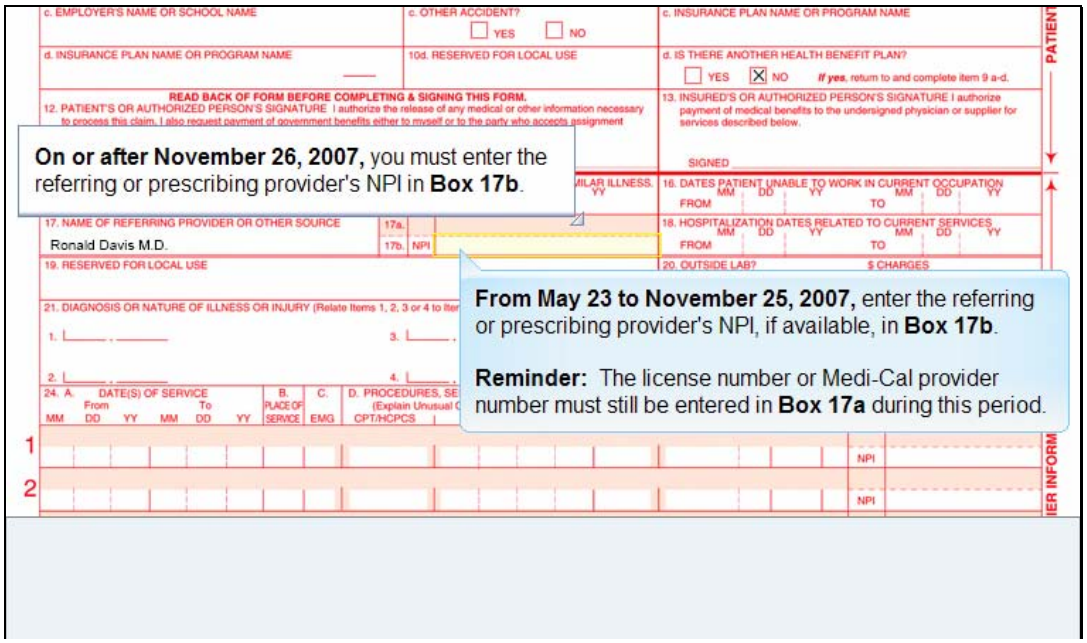


Enter the name of the referring provider in **Box 17**.



From April 23 to November 25, 2007, enter the license number or Medi-Cal provider number of the referring or prescribing provider in the second shaded area of **Box 17a**.

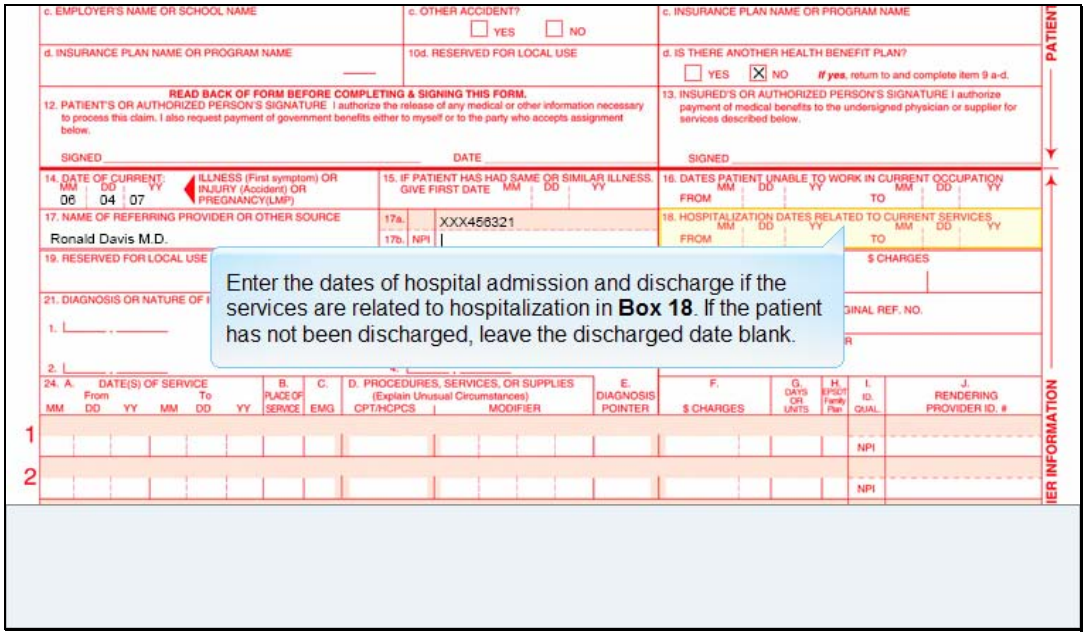
On or after November 26, 2007, leave Box 17a blank.



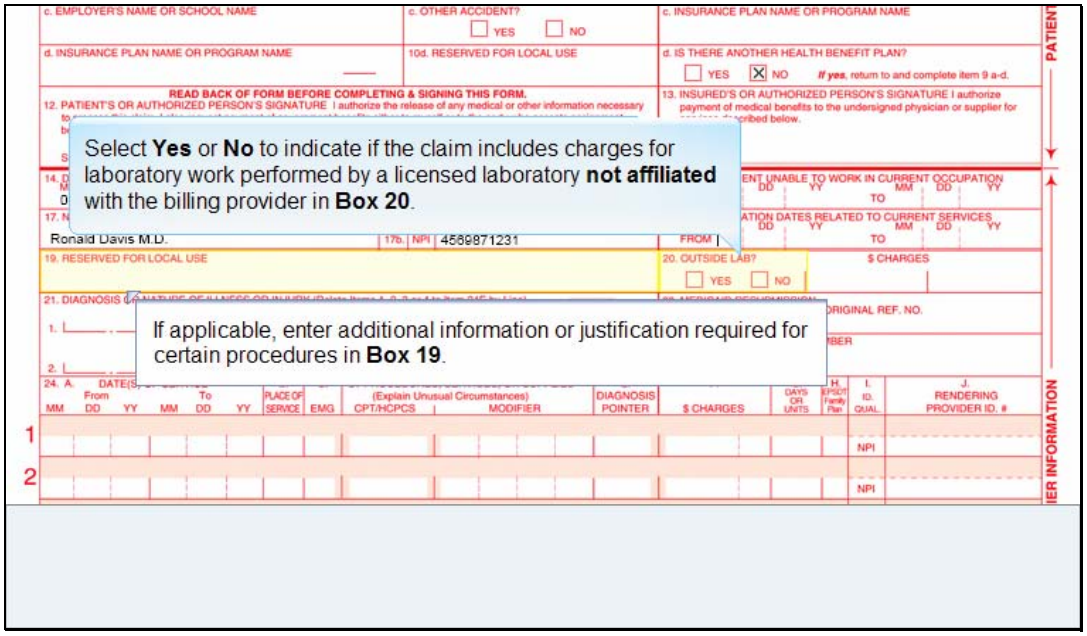
From May 23 to November 25, 2007, enter the referring or prescribing provider's NPI, if available, in **Box 17b**.

On or after November 26, 2007, you must enter the referring or prescribing provider's NPI in **Box 17b**.

Reminder: The license number or Medi-Cal provider number must still be entered in **Box 17a** during this period.

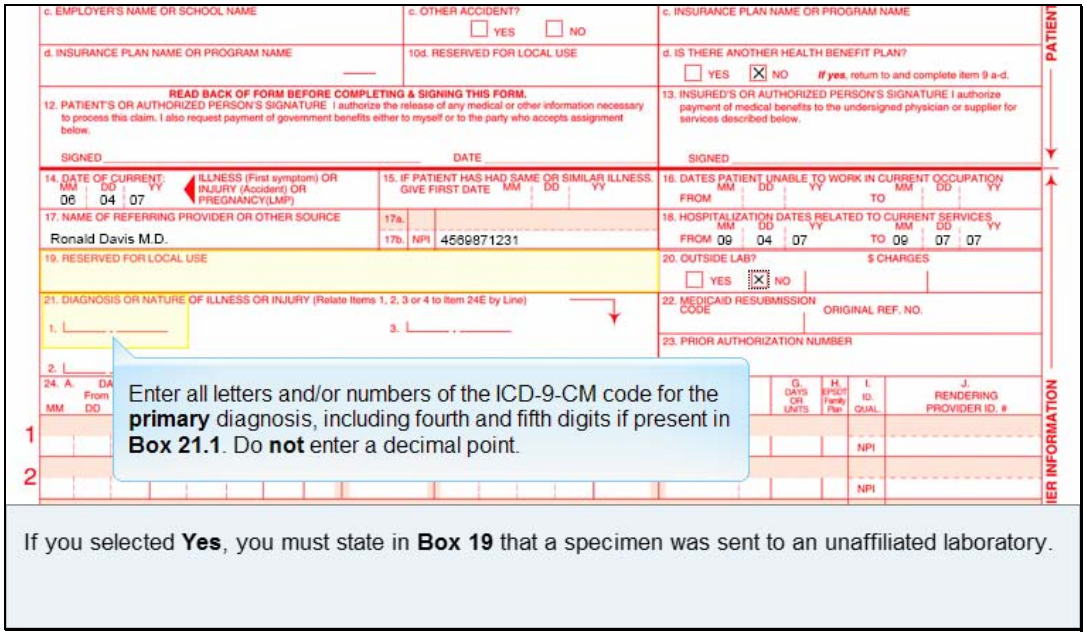


Enter the dates of hospital admission and discharge if the services are related to hospitalization in **Box 18**. If the patient has not been discharged, leave the discharged date blank.



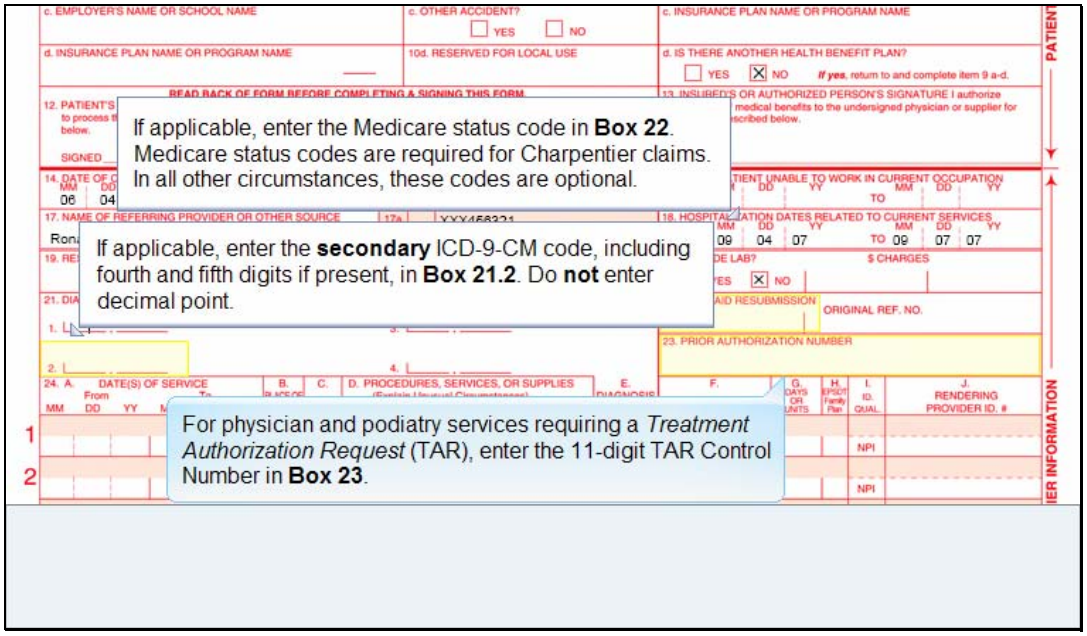
If applicable, enter additional information or justification required for certain procedures in **Box 19**.

Select **Yes** or **No** to indicate if the claim includes charges for laboratory work performed by a licensed laboratory **not affiliated** with the billing provider in **Box 20**.



If you selected **Yes**, you must state in **Box 19** that a specimen was sent to an unaffiliated laboratory.

Enter all letters and/or numbers of the ICD-9-CM code for the **primary** diagnosis, including fourth and fifth digits if present in **Box 21.1**. Do **not** enter a decimal point.



If applicable, enter the **secondary** ICD-9-CM code, including fourth and fifth digits if present, in **Box 21.2**. Do **not** enter decimal point.

If applicable, enter the Medicare status code in **Box 22**. Medicare status codes are required for Charpentier claims. In all other circumstances, these codes are optional.

For physician and podiatry services requiring a *Treatment Authorization Request* (TAR), enter the 11-digit TAR Control Number in **Box 23**.